

## Report Filters:

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active  
Indicator? "Yes"

[RFU?](#)

## SPI Support Person Interview

SPI 7

Describe how the individual communicates.

[No](#)

The intent of the indicator is to ensure that the support person is knowledgeable in the specific manner that the individual communicates. If the individual speaks a different language, can the support person speak that language or have another means to communicate with the individual. If the individual uses sign language, does the support person know the meaning of the signs and how to communicate with the individual using sign language?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

SPI 47

Is the individual happy with his or her life right now? If not what changes would make things better?

[No](#)

The intent of this indicator is to determine the support person's knowledge of the individual's current life satisfaction level as it pertains to the service being provided. If the support person discusses changes that would make things better for the individual, determine if the support person knows how to initiate or express those changes. This indicator should be evaluated in the context of the service being reviewed.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

SPI 48

How do you know if the individual is satisfied with the quality of his or her life?

[No](#)

The intent of this indicator is to determine if the support person knows how the individual expresses their level of satisfaction with the quality of their life as it pertains to the service being reviewed.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	OH SL	-
-	.	RC	-

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[RFU?](#)

### SPI 49

How do you help the individual express his or her satisfaction with his or her life?

[No](#)

Does the support person understand that part of their role is to help the individual express their level of satisfaction with their life? Does the support person help the individual express his or her level of satisfaction?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

### SPI 46

How do you support the individual to have a satisfying life?

[No](#)

The intent of this indicator is to determine that the support person is knowledgeable of their role in supporting the individual to have a satisfying life, based on the individual's needs, preferences and goals. What has the individual done this year that he or she is proud of? How were they supported to accomplish these?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

### SPI 52

In what ways do you assist the individual to express his or her satisfaction with supports and services?

[No](#)

Does the support person understand that part of their role is to help the individual express the level of satisfaction with his or her supports and services? Does the support person help the individual express his or her level of satisfaction with supports and services?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

### SPI 51

How do you know the individual is satisfied with supports identified in his or her plan?

[No](#)

The intent of this indicator is to determine that the support person understands their role in helping the individual to express satisfaction with the supports identified in his or her plan.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

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[RFU?](#)

**SPI 53** What aspects of the support that the individual receives are you satisfied with? Not satisfied with?

[No](#)

The intent of the indicator is to determine support person's knowledge of the individual's supports. The indicator should be rated "Not Met" if the support person does not have enough knowledge of the individual's supports to answer the question.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**SPI 25** Is the individual satisfied with his or her routine? How do you know this? Give some recent examples.

[No](#)

Is the individual satisfied with the pattern and flow of activities? For employment supports: Does the individual like the shift and/or days that they are currently working?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

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[RFU?](#)

**SPI 26** Does the individual participate in the activities that he or she chooses? Describe the activities the individual chooses to participate in.

[No](#)

The intent of this indicator is to determine the support person's knowledge of the activities the individual chooses to participate in. Refer to the IP for the individual's preferred activities. Is the support person knowledgeable of the activities in which the individual chooses to participate? What activities does the individual participate in that he or she chooses? Tell me about them. Are the individual's preferences reflected in his or her daily routine? Is there a leisure activity the individual likes to do but is unable to for any reason?

Indicator should be rated "Not Met" if support person does not have sufficient knowledge of the individual's preferences.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-

**SPI 30** If the individual chooses, what would you do to support the individual to change his or her lifestyle, personal activities and/or routines?

[No](#)

The intent of this indicator is to determine if the support person knows how to support the individual to make changes to his or her lifestyle, personal activities and/or routines should the individual choose.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

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[RFU?](#)

SPI 29

How do you help the individual to choose and participate in experiences and activities that he or she wants?  
Give some recent examples.

[No](#)

The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of the how the individual was assisted to choose and participate.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

SPI 39

How do you support the individual to express their ethnicity, cultural heritage, and religious preference if he or she wants?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of the individual's preferences regarding their ethnicity, cultural heritage and religion.

Describe how you assist the individual to participate in activities that reflect his or her cultural, ethnic or religious preferences.

For example, the individual may choose to attend cultural, ethnic or religious activities such as festivals, parades, movies, holiday traditions, celebrations, restaurants or shopping opportunities, etc.

If there is no evidence of preference by the individual and the support person is aware of this, rate "Met".

If the support person is unaware of recognized ethnic, cultural and religious preferences of the individual, rate this "Not Met."

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-
-	.	SHE	-

SPI 12

Does the individual have contact with his or her family or friends as often as he or she wishes?

[No](#)

The intent of this indicator is to determine if the individual is supported to have contact with family and friends, as desired.

How often does contact occur? Does the support person help the individual to make the contact?

If the individual does not have contact with family or friends, ask why.

Contact with family or friends may be contraindicated by the individual's IP, Behavioral Support Plan, or court orders. If contraindicated, rate "Not Rated".

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

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[RFU?](#)**SPI 14**

How do you support the individual to develop new and healthy relationships?

[No](#)

The intent of this indicator is to determine if the support person has knowledge of the individual's ability in developing relationships.

How do you support the individual to understand the benefits and risks of developing new relationships?

Are there obstacles that impede the individual from developing relationships (e.g., staff support levels, support staff schedules, finances, transportation, medical complications, and family relationships)? If so, how does this affect the support you provide?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

**SPI 21**

Does the person have money to purchase personal items and to participate in community activities?

[No](#)

The intent of this indicator to determine the support person's knowledge of the individual's financial resources. Have there been any purchases or community activities delayed or cancelled due to finances?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-

**SPI 1**

How is the individual helped to prepare for and participate in his or her planning process?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to prepare for the IP meeting. How do you contribute and support the individual in preparing and participating in his or her IP planning process and meeting?

For Family Respite Center guests, review information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

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[RFU?](#)**SPI 2**

What are the specific strategies in place to help the individual achieve his or her goals?

[No](#)

Support persons are able to discuss identified goals from the individual's IP. The support person identifies and discusses how the individual's goals are integrated into his or her daily routine.

For Family Respite Center guests – refer to information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**SPI 3**

Is the individual's plan reviewed and updated based on changes in his or her life and personal choice?

[No](#)

The intent of this indicator is to determine the support person's knowledge of revisions to the IP based on changes in the individual's life and personal choices.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**SPI 4**

How do you provide input on the individual's behalf for plan modification, regarding changes in his or her life and personal choice?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of his or her role to advocate for the individual and provide information to the team regarding changes, as needed. Support person should be knowledgeable of individuals IP and goals.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

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RFU?

**SPI 5** How have any changes to the individual's plan been communicated to you?

No

How are you informed of changes in the individual's IP?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**SPI 24** How do you support the individual to learn what is available in the community and to participate in his or her community?

No

How do you help the individual to discover what is available in the community? How do you support the individual to try new things? What types of community activities does the individual like? What do you do to help the individual participate in those activities?

If the support person understands that the individual is independent in this area and requires no staff support rate "Met".

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-

**SPI 22** How do you support the individual to learn money management skills?

No

The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.

If the IP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-



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[RFU?](#)**SPI 23**

How is the individual supported to understand, obtain, and maintain insurances, entitlement benefits, and income?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of his or responsibility in supporting the individual to understand, obtain, and maintain insurances, entitlement benefits and income. For example, DSS and Social Security benefits, Title 19, home or rental insurance, fuel assistance, food stamps and paychecks.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

**SPI 11**

What are the behavioral interventions used to support the individual?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her IP and behavior support plan.

Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques). Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment I - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.

This indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved behavioral interventions are used. I.F.PR.001 – Abuse/Neglect Allegations Reporting, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

**SPI 42**

Was the individual supported to choose where to live and to explore other options? Describe how that occurred.

[No](#)

The intent of this indicator is to determine if the individual was supported and had opportunities to make choices about where to live. Support person is able to describe how this was achieved.

This indicator may be rated "Not Rated" if the support person being interviewed was not supporting the individual at the time the choice was made.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

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[RFU?](#)

### SPI 43

Did the individual choose the people that he or she lives with? Describe how the individual was informed of any available options.

[No](#)

The intent of the indicator is to determine if the support person is knowledgeable of their role in supporting the individual to choose the people they live with.

This indicator may be rated "Not Rated" if the support person being interviewed was not supporting the individual at the time the choice was made.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	OH SL	-
-	.	RC	-

### SPI 44

Was the individual supported to choose his or her day activity and to explore other options?

[No](#)

The intent of this indicator is to determine that the individual was supported and had opportunities to make choices about where to work, or to choose day activities. Support person is able to describe how this was achieved.

This indicator may be rated "Not Rated" if the support person being interviewed was not supporting the individual at the time the choice was made.

-	.	DSO	-
-	.	GSE	-
-	.	SEI	-
-	.	SHE	-

### SPI 15

How are any safety concerns for the individual addressed?

[No](#)

The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.).

Do you have any other concerns about the individual's safety that are not currently identified or addressed?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

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RFU?**SPI 19**

Does the individual know how to respond in emergency situations?

No

The intent of this indicator is to determine the support person's knowledge of the individual's needs in emergency situations.

Ask the staff person how the individual typically responds in an emergency.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-

**SPI 18**

Does the individual know what the emergency and fire evacuation plans require him or her to do?

No

The intent of this indicator is to determine the staff person's knowledge of the individual's needs in case of emergency or fire. Refer to the individual's emergency and fire evacuation plans. Ask the staff person how the individual typically responds in an emergency. If the staff person states the individual does not know what the emergency and fire evacuation plans require him or her to do, ask the staff person how he or she would support the individual in that situation.

If the staff person's knowledge of the individual's needs reflected in emergency and fire evacuation plans are not in accord with these plans, rate this indicator "Not Met."

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

**SPI 17**

What are the individual's needs during an evacuation?

Yes

The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)

-	R	CLA3-	-
-	R	CLA4+	-
-	.	CRS	-
-	R	DSO	-
-	R	FAM	-
-	R	GSE	-
-	R	RC	-
-	R	RES	-
-	R	SHE	-

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[RFU?](#)**SPI 16**

How is the individual taught to recognize and report unsafe situations to others?

[No](#)

The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual safety skills. This can be in the form of incidental teaching opportunities or formal teaching strategies. (Examples: Broken latches and locks, lack of heat, safe flooring, walkways, stove, cooking, hot water, overloaded outlets, safe transportation, staffing levels and supervision and public safety awareness.)

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

**SPI 35**

What are the individual's medical needs and how are these addressed?

[Pending](#)

The intent of this indicator is to determine the staff person's knowledge of the individual's medical needs and how they are addressed. Refer to the individual's plan and other medical documents for information about the individual's medical circumstances and treatment expectations including guidelines and protocols (e.g., for seizures, psychiatric conditions, cardiac issues, diabetic conditions).

Tell me about the individual's medical needs, how they are addressed and what support you provide, if any, to carry them out. Alternate question: Tell me about [name a specific condition identified in the individual's medical record], how the condition is addressed and what support you might provide.

If the staff person's knowledge of the individual's medical needs is not in accord with treatment expectations for him or her, rate this indicator "Not Met."

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

**SPI 33**

How do you support the individual to discuss his or her health concerns?

[No](#)

The intent of this indicator is to determine if the individual is supported to express and learn about their health concerns and to obtain follow up with health professionals as needed.

Does the support staff talk to the person about health issues? Does the support person assist the person to follow-up on health issues with others?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-

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RFU?

**SPI 34**

How is the individual supported to learn about and live a healthy lifestyle?

No

How do you support the individual to participate in activities to stay healthy? If the support person indicates that the individual makes unhealthy lifestyle choices, how are these addressed to ensure the consumer has acknowledged the risk he or she is taking? Does the support person have access to educational health information and is this information shared with the individual?

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-

**SPI 36**

How do you support the individual to learn about and take his or her medication?

No

For individuals who have been assessed as independent in self-administering medication, this indicator would generally be rated, "N/A". However, a non-medication certified support person may provide a time prompt (ex. "It's time to take your medication.") or may ask the individual if they took their medication. These are the only types of medication-related support that a non-medication certified support person may provide.

The intent of this indicator is to determine if the medication certified support person is knowledgeable of opportunities to teach the individual about taking his or her medications. Does the support person effectively support the individual to learn about and take his or her medication? What supports are provided? Refer to the individual plan and medication related documents (e.g., physicians' orders, Kardex, side-effects information, self-medication assessment).

A medication certified support person must know what medications an individual is taking, when each medication is to be taken, and the side effects of each medication. Only a medication certified support person may pour and pass medications. Rate "Met" if the support person is aware of and implements the recommendations of the self medication administration assessment.

Refer to DDS Medical Advisory #99-3, DDS Regulations Concerning the Administration of Medication by Certified Unlicensed Personnel

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-

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[RFU?](#)

SPI 8

How is the individual supported to acquire, use and maintain equipment needed to sustain his or her health, wellness and independence?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of their role in assisting the individual in acquiring, using and maintaining assistive/adaptive equipment to maintain his or her health, wellness and independence. (e.g., positioning equipment, AFOs, wheelchairs, mechanical lifts, switch plates, communication devices, dining utensils). Use and maintenance procedures should be individualized. Refer to the individual's IP and relevant therapeutic assessments (e.g., occupational, physical, speech and language therapies, dietary requirements).

Tell me what supportive equipment the individual uses. When and how is it used? What are the cleaning, maintenance and storage requirements for the equipment? Is there any supportive equipment you believe the individual would benefit from that he or she does not presently have?

If the support person is not knowledgeable of the necessary supportive equipment the individual needs, and its use and maintenance requirements, rate this indicator "Not met."

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SHE	-

SPI 11a

Have you ever had to physically restrain the individual? If so, when and how?

[Pending](#)

The intent of this indicator is to determine that the support person uses approved restraint techniques that are in accord with the individual's Behavior Support Plan. Refer to the individual's IP to see if the individual has a Behavior Support Plan. If so, refer to the Behavior Support Plan for specific restraint information and DDS Form 255(s), as relevant. Also refer to behavior support strategies/training identified in the individual's IP.7 - Provider Qualifications and Training Form.

Have you ever had to restrain the individual? If so, what type of restraint?

Rate this indicator as "Not Met" if the support person discussed using an unapproved restraint technique. Also refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved interventions were used.

Refer to DDS CLA Licensing Regulation: 15b5

Reg	.	CLA3-	-
Reg	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

**Report Filters:**

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)**SPI 40**

How do you help the individual to learn to avoid potentially abusive and neglectful situations?

[No](#)

The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual to avoid potential abusive and neglectful situations. Informal ways: support persons counsel the individual about the safe and unsafe places in town, people who you don't know who ask for favors and possible responses to them, keeping money in personal accounts, etc. Formal ways: harm prevention, "street-smart" classes, etc.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

**SPI 10**

How do you help the individual exercise his or her rights?

[No](#)

The intent of this indicator is to determine if the support person actively supports the individual to exercise rights. Examples may include, but are not limited to: assisting to make choices, request changes, refuse requests, use the phone, have privacy, maintain confidentiality and send and receive mail.

Refer to Connecticut General Statutes, 17a-238(a)

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

## Report Filters:

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

! **SPI 45** How would you support the individual to make a complaint if he or she wants to?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a complaint if he or she wants to.

Refers to Connecticut General Statutes, 17a-238(e)(7)

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

! **SPI 31** Does the individual participate in self-advocacy groups or activities as desired?

[No](#)

The intent of this indicator is to determine if the support person provides opportunities for the individual to learn about or participate in self-advocacy related activities as desired by the individual. Refer to the Individual Plan for related information.

Does the individual know what self-advocacy is? Are you aware if he or she is interested in participating in self-advocacy? Does the person advocate for himself or herself now? Tell me about opportunities the individual might have to participate in self-advocacy activities?

If there is evidence that support persons do not assist the individual to participate in self-advocacy activities, as desired, rate this indicator "Not Met."

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	FAM	-
-	.	OH SL	-
-	.	RC	-



## Report Filters:

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active  
Indicator? "Yes"

[RFU?](#)

### SPI 9

What would you do if you witness abuse or neglect occurring?

[Pending](#)

The intent of this indicator is to determine if the support person is knowledgeable about the intervention and reporting requirements associated with witnessing abuse or neglect.

A "Met" rating indicates that the support person identifies that he or she would intervene immediately on behalf of the individual if he or she witnesses abuse or neglect. The support person identifies he or she is to make a verbal report as a mandated reporter to the appropriate agency (OPA, DCF, DSS or DPH) and to the supervisor of the agency to which they are assigned, informing them of any apparent or suspected abuse or neglect. The support person initiates reporting the circumstances on a DDS Form 255.

This indicator is rated "Not Met" when the support person's statements are not consistent with DDS policy and procedure.

Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Allegations: Reporting and Intake Processes

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

### SPI 37

What are your agency's accident and incident reporting policies and procedures?

[No](#)

The intent of this indicator is to ensure that the support person is knowledgeable of reporting requirements for accidents and other incidents.

Refer to DDS Procedure No. I.D.PR.009 Incident Reporting.

In family settings (FAM), this indicator is only applicable to support persons hired through a provider.

Refer to DDS Procedure No: I.D.PR.009a Incident Reporting for Individuals who live in own/Family Home & Receive DDS Funded Services.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SEI	-
-	.	SHE	-

**Report Filters:**

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)**SPI 32**

How is the individual supported to make a change in his or her services if desired?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a change in their services if he or she wants to. Examples include: Assisting the person in notifying the Case Manager or other team members, assisting the person to request meetings, assisting the person in identifying service and provider options.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**SPI 50**

What steps are taken to respond to the individual's concerns about his or her supports?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of their responsibility to address the individual's concerns about their supports.

Examples may include: following the agency's process regarding individual's concerns, assisting the individual in notifying the Case Manager or other team members, assisting the individual to request meetings, assisting the individual to learn about self-advocacy, reporting suspected abuse, neglect or financial exploitation.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

## Report Filters:

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)

**SPI 54** If you have a concern about the individual's supports and services, are your concerns addressed?

[No](#)

The intent of this indicator is to ensure that support person's concerns regarding the individual's supports and services are addressed.

Rate as "N/A" if there have been no concerns.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**SPI 41** How is the individual involved in staff hiring?

[No](#)

The intent of this indicator is to determine if the provider involves the individual in aspects of the staff hiring process.

The individual's involvement may be direct or indirect involvement in the hiring process (e.g., voicing the desired qualities of a staff person, writing ads, interviewing potential hires).

This indicator is rated "Not Met" if the support person indicates that the individual has no involvement in any aspect of the hiring process.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	FAM	-
-	.	GSE	-
-	.	OH SL	-
-	.	RC	-
-	.	SEI	-
-	.	SHE	-

**Report Filters:**

Indicator Category: "SPI" Service: "CLA3-","CLA4+","CRS","DSO","FAM","GSE","OH SL","RC","RES","SEI","SHE" Active Indicator? "Yes"

[RFU?](#)**SPI 20**

What is the accounting and tracking system for the individual's finances?

[No](#)

The intent of this indicator is to determine if the support person is knowledgeable of the system used for tracking the individual's income and expenses. Ask the support person what their responsibility is in documenting the individual's income and expenses.

Refer to the individual's checking and savings account statements and/or personal fund ledgers. A person may self-manage his or her own money, share management responsibilities with others, or have someone else manage all of his or her money. Refer to provider policies and procedures and the individual's IP.

Each individual's finances are different based on the sources of income he or she has. (e.g., wages, Department of Social Service funding, Supplemental Security Income, Social Security, monetary gifts). From these sources of income, the provider may take a portion of the person's income to pay for room and board. Individuals receive a personal needs allowance based on the amount of wages earned.

If the support person lacks knowledge of the accounting and tracking systems, rate this indicator "Not Met." If the individual manages his or her finances without staff involvement, rate "N/A."

Applicable to DSO, SHE and Family Respite Center if an individual's funds are kept at the site.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	OH SL	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-

**SPI 38**

What would you do should a vehicle break down when traveling?

[No](#)

The intent of this indicator is to determine the support person's knowledge of the provider's emergency procedures for handling a vehicle breakdown. Does the support person have means to call emergency personnel or provider staff for assistance? Does the support person know whom they should call? Does the support person understand the individual's safety needs in the event the vehicle is inoperable on a road or highway?

Rate "N/A" if the support person does not provide transportation for individuals.

-	.	CLA3-	-
-	.	CLA4+	-
-	.	CRS	-
-	.	DSO	-
-	.	GSE	-
-	.	RC	-
-	.	RES	-
-	.	SHE	-